

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046485

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 3727

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 16 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
403.3				
403.3				
3				
4 0				
5 2				
6				
7 2				
8 2				
9 20.1				
10				
11				
12 90-0				
13				

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Olivette		c. CITY OR TOWN Olivette	
Length of stay in 1b 3 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9405 La Jolla Drive		d. STREET ADDRESS (If outside, give location) 9405 La Jolla Drive	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Steve Martin		4. DATE OF DEATH Month 12 Day 5 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-14-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Restaurant Owner	
11. BIRTHPLACE (City and state or country) Albania		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME unk.		13b. MOTHER'S MAIDEN NAME unk.	
14. NAME OF HUSBAND OR WIFE Late Elpineke Martin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. unk.	
17. INFORMANT Mrs. Helen Graf		Address 9405 La Jolla Drive	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Arteriosclerotic heart dis. Hypertension, essential		INTERVAL BETWEEN ONSET AND DEATH 2 wks. 6 mos. 10 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) unk.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION May 28, 1963 Dec 5, 1963	
21. I attended the deceased from 8:00 PM to Dec 1, 1963 and last saw him alive on Dec 1, 1963		Death occurred at 8:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Burdette Eck M.D.		22b. ADDRESS 950 Francis Place	
22c. DATE SIGNED Dec 6, 63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-9-63	23c. NAME OF CEMETERY OR CREMATORY Lake Charles	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Kriegshauser West		25. DATE RECD. BY LOCAL REG. 12-6-63	
ADDRESS 9450 Olive Blvd.		26. REGISTRAR'S SIGNATURE John B. Mumby	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William B. White

Licensed Embalmer No. 4291

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.